DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155109	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/14/2011

NAME OF PROVIDER OR SUPPLIER
GOLDEN LIVING CENTER-MISHAWAKA

STREET ADDRESS, CITY, STATE, ZIP CODE
811 E 12TH ST
MISHAWAKA, IN 46544

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS This visit was for investigation of complaint number IN00087015. Complaint number IN00087015 unsubstantiated, due to lack of evidence. Survey date: March 14, 2011 Facility Number 000045 Provider Number: 155109 Aim Number: 100291400 Surveyors: Mary Anne Cilella, R.N. T.C. Bobbie Costigan, R.N. Census Bed Type: SNF/NF: 57 Total: 57 Census Payor Type: Medicare: 07 Medicaid: 34 Other: 16 Total: 57 Sample: 3 Golden Living Center-Mishawaka was found to be in compliance with 42 CFR 483 Part, subpart B and 410 IAC 16.2 in regard to the investigation of complaint number IN00087015. Quality review completed 3-15-11 Cathy Emswiller RN	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE   TITLE   (X6) DATE